

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008003

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

280

Primary Registration District No.

Registrar's No.

10

FILED MAR 1 1963

## 1. PLACE OF DEATH

## a. COUNTY

Platte

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Weston

## Length of stay in 1b

2 months

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Mathews Rest Home

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Platte

c. CITY  
OR  
TOWN

Platte City

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS (If outside, give location)

None

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First Anna Middle Baldwin Last Faulkner

4. DATE  
OF DEATH

Month February Day 22, Year 1963

5. SEX  
Female6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3-14-1886

## 9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

House wife

## 10b. KIND OF BUSINESS OR INDUSTRY

Home

## 11. BIRTHPLACE (City and state or country)

Platte County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

George Henry Tudor

## 13b. MOTHER'S MAIDEN NAME

Julia Anna Moore

## 14. NAME OF HUSBAND OR WIFE

E. L. Faulkner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

E. L. Faulkner Platte City, Mo.

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

AS 142 - Am fibrillate  
Parkinson Disease  
SenilityINTERVAL BETWEEN  
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1956 to 1963 and last saw her alive on 2/22/63  
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

2-25-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Platte City Cemetery

## 23d. LOCATION (City, town, or county)

Platte City Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Tommy R. Rollins Platte City, Missouri

## 25. DATE RECD. BY LOCAL REG.

2-26-63

## 26. REGISTRAR'S SIGNATURE

Ophelia Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
b830  
20830  
3  
4. 1  
5. 1  
6  
7. 0  
8. 2  
94200  
10  
11  
12. 0  
13. 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James A. Pollins

Licensed Embalmer No. 5110

P. O. Address Rolla City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.